

DOCKET NO. 05-03-013  
CLIENT NO.: UGSC01-05030  
Customer No. 45113

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of : THOMAS J. GOIKE ET AL.  
U.S. Serial No. : 10/736,326  
Filed : December 15, 2003  
For : SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR  
SCHEMATIC GENERATION  
Group No. : 2825  
Examiner : Vuthe Siek

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL**

The undersigned hereby certifies that the following documents:

- 1) Amendment Transmittal Letter (in duplicate);
- 2) Fee Transmittal FY 2005 (in duplicate);
- 3) Amendment and Response to Office Action;
- 4) Check in the amount of \$600 for additional claims fees; and
- 5) Postcard receipt

relating to the above application, were deposited as "First Class Mail" with the United States Postal Service, addressed to: MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 23, 2005.

Date 11/23/05

\_\_\_\_\_  
Mailer

Date: 11/23/05

\_\_\_\_\_  
Matthew S. Anderson  
Reg. No. 39,093

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**AMENDMENT TRANSMITTAL LETTER**

Transmitted herewith is an Amendment and Response to Office Action in the above-identified application.  
The fee has been calculated as shown below.

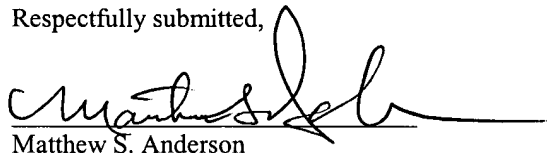
CLAIMS AS AMENDED					LARGE ENTITY	
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NUMBER OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	18	-	20	-0-	X 50.00 =	\$-0-
IND. CLAIMS	6	-	3	3	X 200.00 =	\$600.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$600.00

**DOCKET NO. 05-03-013**  
**SERIAL NO. 10/736,326**  
**PATENT**

- ☒ A check in the amount of \$600.00 is attached.
- ☐ A check in the amount of \$ \_\_\_\_\_ for a \_\_\_\_\_-month extension of time is attached.
- ☒ Please charge any additional fees or credit any overpayment to the Davis Munck Deposit Account No. 50-0208.

A DUPLICATE COPY OF THIS SHEET IS ENCLOSED.

Respectfully submitted,

  
Matthew S. Anderson  
Reg. No. 39,093

Date: 11/23/15

P.O. Drawer 800889  
Dallas, Texas 75380  
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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Patent Fee Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 600.00)

**Complete if Known**

Application Number	10/736,326
Filing Date	December 15, 2003
First Named Inventor	Thomas J. Goike, et al.
Examiner Name	Vuthe Siek
Art Unit	2825
Attorney Docket No.	05-03-013

**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-0208 Deposit Account Name: Davis Munck P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
18	- 20 or HP = 0	x 50	= \$0.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 3 or HP = 3	x 200	= \$600.00

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

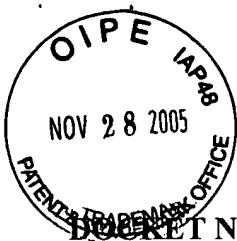
Other: \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 39,093	Telephone 972-628-3600
Name (Print/Type)	Matthew S. Anderson		Date November 23, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Extra claims fees are included as indicated on the attached fee calculation sheet; however, in the event that any other fees are required for the prosecution of this application, please charge any necessary fees to Deposit Account No. 50-0208. No extension of time is believed to be necessary. If, however, an extension of time is needed, the extension is requested and to please charge the fee for this extension to Deposit Account No. 50-0208.

11/29/2005 HMARZI1 00000032 10736326

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